

# Drug Abuse Trends in Detroit/Wayne County and Michigan

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## ABSTRACT

*Cocaine indicators continued to stabilize, with small declines in deaths and ED mentions. Heroin treatment admissions, especially as the primary substance of abuse, increased as reported total treatment admissions increased, while heroin-involved deaths began to decline after reaching a peak in 2002. Data on other opiates showed increases in hydrocodone use. Marijuana continued to be the top illicit drug, with indicators remaining stable or increasing slightly. Indicators for methamphetamine, especially outside the metropolitan Detroit area in more rural settings, showed continuing increases. Indicators for abuse of LSD, GHB, ecstasy, ketamine, and Coricidin HBP showed recent decreases. Twenty-nine percent of the cumulative AIDS cases in Michigan have been injection drug users.*

## INTRODUCTION

### Area Description

Detroit and surrounding Wayne County are located in the southeast corner of Michigan's Lower Peninsula. In 2000, the Detroit/Wayne County population totaled 2.1 million residents and represented 21 percent of Michigan's 9.9 million population.

Currently, Michigan is the eighth most populous State in the Nation. The Detroit metropolitan area ranks 10th among the Nation's major population centers. In 2000, the city of Detroit's population was 951,000. Michigan's population increased by 6.9 percent between 1990 and 2000. Population growth above the statewide average occurred among those age 10–14 (12 percent), 15–17 (8.5 percent), and 5–9 (7.6 percent). There was a net population loss among those younger than 5 (4.3 percent) by 2000 because of declining birth rates since the mid-1990s. The following factors contribute to probabilities of substance abuse in the State:

- Michigan has a major international airport, with a new terminal that opened 2002; 10 other large airports that also have international flights; and 235 public and private small airports. Long-term projections for the Detroit Metro Airport forecast a

31-percent increase in flights during the next 10 years.

- The State has an international border of 700 miles with Ontario, Canada; land crossings at Detroit (also has a tunnel crossing), Port Huron, and Sault Ste. Marie; and water crossings through three Great Lakes and the St. Lawrence Seaway, which connects to the Atlantic Ocean. Between Port Huron and Monroe, many places along the 85 miles of heavily developed waterway are less than one-half mile from Canada. Michigan has more than 1 million registered boats. In fiscal year (FY) 2002, three major bridge crossings from Canada (Windsor Tunnel, Ambassador Bridge, and Port Huron) had 9.7 million cars, 2.6 million trucks, and 93,000 buses cross into Detroit. Southeast Michigan is the busiest port on the northern U.S. border with Canada. Detroit and Port Huron also have nearly 10,000 trains entering from Canada each year. The Foreign Mail Branch in Detroit processes 275,000 foreign parcels and about 900,000 letter-class pieces monthly.

Additional factors influence substance use in the State:

- Michigan's numerous colleges and universities have many out-of-State or international students.
- The State has a large population of skilled workers with relatively high income (especially in the automotive industry), as well as a large population with low or marginal employment skills.
- There are chronic structural unemployment problems. Michigan has prospered in recent economic periods, with low unemployment. As the national economy slowed in 2002, so did the Michigan economy. Recovery has been sluggish in 2003 and 2004 to date.

### Data Sources

Data for this report were drawn from the sources shown below:

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- **Emergency department (ED) drug mentions data** were provided by the Drug Abuse Warning Network (DAWN), Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA) through 2002. Although there are no new ED data available, this report will reflect those findings noted in the most recent prior report (December 2003), especially when DAWN is the only indicator source for a particular drug or group of drugs.
- **Treatment admissions data** were provided by the Bureau of Substance Abuse and Addiction Services, Division of Substance Abuse and Gambling Services, Michigan Department of Community Health (MDCH), for the State and Detroit/Wayne County, as reported by State and federally funded programs. FY 2004 data are not yet available. MDCH, following revised Treatment Episode Data Set (TEDS) Federal guidelines, is converting to an episode-based reporting system in which changes in levels of care that are part of the treatment plan (moving from residential treatment to outpatient, for example) are not reported as new separate admissions but rather as transfers within an episode. This transition has not been fully implemented by all publicly funded programs. As this change is fully implemented, it is expected that total admissions will decline, and comparisons of admissions trends before and after this change are not recommended. In contrast to including previously reported ED data in this report, discussions included regarding treatment data in this report will be limited to instances where treatment is the only indicator source for a particular drug or group of drugs.
- **Drug-related mortality data** were provided by the Wayne County Office of the Medical Examiner (ME). The Wayne County ME provided summary data on deaths with positive drug toxicology from 1993 through February 2004. These drug tests are routine when the decedent had a known drug use history, was younger than 50, died of natural causes or homicide, was a motor vehicle accident victim, or there was no other clear cause of death.
- **Heroin purity data** were provided by the Drug Enforcement Administration (DEA). Data on heroin purity from 2003 were from the DEA's Domestic Monitor Program (DMP).
- **Drug intelligence data** were provided by the Michigan State Police.
- **Drug distribution data**, from the High Intensity Drug Trafficking Area, Investigative Support and Deconfliction Center, of Southeast Michigan (HIDTA-SEM), were derived from the FY 2003 Threat Assessment. Nine counties (not all in southeast Michigan) now cooperate in HIDTA-SEM.
- **Poison control case data** that represent contact data on cases of intentional abuse of substances from January through mid-May 2004 were provided by the Children's Hospital of Michigan Poison Control Center in Detroit. This center is one of two in Michigan; its catchment area is primarily southeastern Michigan, although contacts can originate anywhere. Some statewide poison control data (from both regional centers) have recently become available.
- **Drug-related infectious disease data** were provided by the MDCH on the acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) prevalence estimates as of April 1, 2004.

#### DRUG ABUSE PATTERNS AND TRENDS

##### Cocaine/Crack

Between 1994 and 1999, cocaine was the most frequent DAWN ED drug mention in Detroit metropolitan counties (exhibit 1). The Detroit-area rate of cocaine ED mentions per 100,000 persons was 178 in 1999, 179 in 2000, 186 in 2001, and 182 in 2002. After a slight but nonsignificant increase from 1999 to 2000, there was a slight but nonsignificant decrease in the years 2001 and 2002.

The typical cocaine ED case continued to be a male, age 35 or older, who went to the emergency department seeking help for unexpected reaction, chronic effects, or overdose, and was treated and released in a multidrug-involved episode. Since about 2000, there have been decreases in ED mentions made by those in younger age groups, but the decreases were not significant.

The numbers of decedents with a positive drug toxicology for cocaine in Detroit/Wayne County were basically stable between 1995 and 1999, with plus or minus 1–12-percent fluctuations year to year (exhibit 2). In 2000, there was a 16-percent increase in cocaine deaths over 1999. In 2001, cocaine deaths increased by less than 3 percent from 2000, to 406 cases. In 2002, the 417 cocaine deaths were a slight increase over 2001. The 379 cocaine-present deaths

in 2003, a 9-percent decrease from 2002, may suggest a slightly decreasing pattern is developing.

Availability, prices, and purity for powder cocaine and crack remained relatively stable during the most recent reporting period. Ounce and kilogram prices have been stable over the past decade. There are some reports of decreases in prices at the kilogram quantity level and above. The cost of crack rocks now ranges from \$5 to \$25, with \$10 being the most common unit price in Detroit neighborhoods. Higher-priced units (\$20–\$25) are more typical when the drug is sold to outsiders in Detroit, or when it is sold outside Detroit. Ounce amounts of cocaine and crack usually sold for the same price (\$850–\$1,200) since 2001 in Detroit. Small plastic bags (heat-sealed or zip-lock), aluminum foil, and no packaging at all remain the most common conveyances.

An emerged population of crack users is reported to involve Native Americans living around northern Michigan casinos. These users are reported to be supplied primarily from Detroit-area distribution channels and typically pay as much as \$100 per rock, a 900-percent price increase over what it would sell for inside Detroit. The drug has already been converted into rocks when it is transported to northern Michigan casino regions.

## Heroin

ED mentions for heroin have trended gradually upward since 1994; they stabilized in 2001 and 2002 (exhibit 1). The Detroit metropolitan area rate of heroin mentions was 61 per 100,000 population in 1999, 76 in 2000, and 93 in both 2001 and 2002.

The typical heroin ED case in 2002 continued to be a male, age 45–54, who sought help in an emergency department for chronic effects, unexpected reactions, or overdose and was treated and released. Between 1995 and 2002, there were significant increases in heroin ED mentions by females (+91.5 percent), those between the ages of 18 and 25 (+108.8 percent), and those admitted to the hospital (+76.1 percent).

Heroin deaths steadily increased in Detroit/Wayne County between 1992 and 2002. In 1996, there were 240 heroin-present deaths; by 2000, the annual number had nearly doubled (exhibit 2). Deaths with heroin metabolites present in 1999 represented a 24-percent increase from 1998, while in 2000, heroin cases increased again, by 23 percent over the 1999 total. The 465 heroin-present deaths in 2001 were a slight decrease from the 473 deaths in 2000. During 2002, 496 heroin-present deaths were identified,

which again exceeded the number of cocaine-involved deaths. In 2003, the Wayne County ME identified 446 heroin deaths, a level slightly below the 2001 findings. In first 2 months of 2004, the ME identified 64 heroin-involved deaths. This may indicate that, similar to cocaine, a decreasing pattern is developing.

Since 1996, the Wayne County ME lab has tested decedents for 6-monoacetylmorphine (or 6-AM) to determine whether its presence parallels increases in heroin (morphine) positivity. Until nearly the end of 2001, findings of 6-AM were at about one-half the level for heroin-present cases. Findings of this drug are most typical in decedents with more acute effects of heroin use. A decline in this ratio began in late 2001, and for 2002 there was a ratio of about 37 percent of 6-AM to heroin being present. For 2003, this same 6-AM/morphine ratio returned to the earlier pattern at 52 percent.

Nearly all heroin continues to be white in color. South America (Colombia) most likely remains the dominant source, although in the past 3–4 years, heroin originating in both Southeast Asia and the Middle East has been identified. Heroin originating in Mexico continued to be available in some parts of Michigan outside the Detroit metropolitan area.

Heroin street prices remained stable and relatively low in Detroit. Packets or “hits” available in Detroit are typically sold in \$10 units, while outside the area individual units sometimes cost \$15–\$20. Price is also affected by whether the buyer is known to the seller, as well as whether the buyer and seller have the same racial/ethnic origin. Bundles of 10 hits cost between \$75 and \$150. Packaging is primarily lottery papers. There are some reports that there are fewer independent dealers and more organizational models, with distinct roles for participants involved. There are continued reports that some outstate users of oxycodone switched to heroin because of lower oxycodone availability.

According to the most recent information from the DEA, heroin purity, which had increased from the early 1990s to a peak of nearly 50 percent in 1999, averaged 47.3 percent in the most recent sample of 33 controlled heroin buys in 2003. This is another decrease from the prior year, while price (when adjusted for purity) remained stable.

## Other Opiates/Narcotic Analgesics

In the Detroit area, indicators for opiates and narcotics other than heroin remained lower than those for cocaine and heroin, continuing a long-term trend evi-

dent since the early 1980s. Codeine and its prescription compounds (Schedule III and IV drugs) have long been the most widely abused other opiates; codeine indicators were stable. However, indicators reflect recent increases in use of hydrocodone combinations (typically Vicodin, Lortab, or Lorcet) and possible stabilization in use of oxycodone (OxyContin). Law enforcement sources report that Vicodin is commonly available, with some of it being diverted from pain clinic patients.

Toxicology findings from the Wayne County ME lab showed 241 cases of codeine positivity in 2002 and a relatively equal number of cases (232) in 2003.

Hydrocodone and hydrocodone/combinations ED mentions began to be reported in southeast Michigan in 1994. The number of hydrocodone/combinations ED mentions increased significantly by 407 percent between 1995 ( $n=129$ ) and 2002 (654) and between 2000 (371) and 2002. Hydrocodone was identified by the Wayne County ME lab in 60 decedents in 2000, 80 in 2001, 120 in 2002, and in 108 cases in 2003. Information from the Children's Hospital of Michigan Poison Control Center (covering primarily southeast lower Michigan) on intentional hydrocodone abuse cases for 2001 identified about 40 cases; about one-half were female. In 2003, 186 cases of intentional exposure to hydrocodone were reported to the Detroit-area poison control center, which is more than three times as many cases as in 2002. For the first 4 months of 2004, 54 intentional exposures to hydrocodone were reported to the statewide poison control network.

The most recent southeast Michigan ED drug mentions data from DAWN reflected 21 oxycodone/combinations mentions in 1996, 15 in 1997, 19 in 1998, 17 in 1999, 45 in both 2000 and 2001, and a significant increase from both 2000 and 2001 to 157 mentions in 2002. Since about 2000, oxycodone (OxyContin) has been steadily reported by law enforcement agencies, primarily in the western and northern lower Michigan areas, but more recently all over the State. It continues to be common for persons in emergency departments to ask specifically for this drug for various ailments. There are continued reports of household breakins (especially of cancer patients), and armed robberies specifically related to this drug continued to be reported. However, some of these incidents may be declining. Some pharmacies have posted signs they no longer carry OxyContin. Oxycodone was found in 10 decedents in Wayne County in 2000, 13 in 2001, 12 in 2002, and 19 in 2003. It was involved in 15 cases reported to the 2 statewide poison control centers through the first 4

months of 2004. OxyContin pills still sell for \$0.50–\$1.50 per milligram. Reports continue of oxycodone being smuggled from Canada.

## Marijuana

Marijuana indicators remain mostly stable but at highly elevated levels. Mexican marijuana continued to be the dominant form available, but there have been reports of increases in marijuana from Canada.

Detroit metropolitan area ED marijuana data show a steady increasing trend since 1994, with some fluctuations in a few years (exhibit 1). In 1999, the case rate for marijuana mentions per 100,000 population was 95, compared with 99 in 2000, 121 in 2001, and 146 in 2002. Between 2000 and 2002, this rate increased significantly by 47.6 percent. At the same time, the number of marijuana mentions increased significantly by 40.5 percent between 2000 and 2002.

The typical marijuana ED case was a male, age 35 or older, who was experiencing unexpected reactions or overdose and who was treated and released in a multidrug use episode. Between 1995 and 2002, there were significant increases in marijuana ED mentions involving those age 35 and older (+106 percent), females (+117 percent), and reported overdoses (+298 percent). Single-drug episodes (or marijuana use only) increased among these mentions between 2000 and 2002.

The majority of marijuana seized in Michigan originates in Mexico and is transported in both large and small quantities by a variety of methods. Shipments of marijuana have been discovered in furniture and auto parts semi-trucks. Law enforcement agencies continue to report seizures of hydroponically grown marijuana from Canada, which was being grown and smuggled by Asian organized crime operations. Canadian-grown marijuana is often known there as "Ontario Hydro," and it is often sold in the United States as "BC bud." There are unsubstantiated reports of dealers trading equal amounts (pound for pound) of cocaine for this marijuana. Some seizures have involved trucks that bring trash and marijuana from Canada into Michigan landfills and return to Canada with cash and sometimes cocaine. Improved training of personnel at the border has allowed better detection of the hockey goalie duffel bags full of Ontario Hydro hidden among the trash that is transported daily into Michigan as part of an international waste management contract. Enforcement sources reported both more and larger seizures in 2003, both at the border and within Michigan.

## Stimulants

Indicator data showed increasing levels of methamphetamine abuse in the State, continuing primarily in the southwestern corner of lower Michigan. Amphetamine abuse has also been increasingly identified, although it is more stable than the methamphetamine patterns.

Southeast Michigan DAWN ED drug mentions for methamphetamine remained near zero from 1996 to 2001, with 12 mentions reported in 2002 (exhibit 1). Amphetamine mentions declined after 1996 and then increased (nonsignificantly) in 2001 with 437 mentions. In 2002, 470 amphetamine mentions were reported.

Methcathinone (“cat”), an easily manufactured stimulant, was identified in Michigan’s Upper Peninsula around 1990; an epidemic ensued until about 1994. No additional labs were found until recently, when one was uncovered in northern lower Michigan and another was found in the western Upper Peninsula. A trickle of reported admissions to treatment involving this drug continued; there were 9 primary methcathinone admissions statewide in FY 2000, 4 in FY 2001, 10 in FY 2002, and 4 in FY 2003. There were 17 methcathinone-involved admissions statewide in FY 2003.

Mortality data from the Wayne County ME lab show 2 methamphetamine-positive cases among decedents between April and September 2001, 1 case between October 2001 and March 2002, 10 cases total for 2002, and 6 cases in 2003. The majority of these cases had multiple drugs present, including methylenedioxymphetamine (MDA) or methylenedioxymphetamine (MDMA). Almost all were homicide cases; two were drownings.

Michigan’s border with Canada has been the focus of efforts to stop the flow of large amounts of pseudoephedrine and ephedrine into the United States. These imports are the necessary ingredients for making methamphetamine and have been destined for the western United States and Mexico. Indictments of numerous individuals and seizures of millions of pseudoephedrine dosage units have continued.

Michigan State Police reported seizing 40 methamphetamine labs in 2000 (all outside Detroit), compared with 14 labs in 1999. During 2001, Michigan State Police seized 91 labs, and 120 were seized by the State Police, DEA, and local departments combined. In 2002, Michigan State Police seized 189 labs, or twice

as many as in 2001. During 2003, Michigan State Police seized 186 methamphetamine labs, and they note that an additional number were seized by other law enforcement agencies. The State Police also reported that there were 202 methamphetamine-related complaints in 2002, compared to 373 such complaints in 2003 (these include dumpsites and component cases). Through mid-May, 2004, there have been 51 labs seized. Environmental cleanups are an increasing problem. Most of the lab seizures have been in southwestern lower Michigan (particularly Allegan, Van Buren, and Barry Counties). The majority of labs seized so far continue to be relatively small in production capability, with the methamphetamine produced typically used for self-consumption or for friends. Some larger production capacity labs were seized in 2003, however.

Michigan has a long history of high per capita distribution of methylphenidate (Ritalin). Indicators show little evidence of extensive intentional abuse, yet anecdotal reports of such cases continue.

Khat, a plant grown in the Middle East that must be freshly harvested to produce its desired stimulant effects, continued to be seized in batches ranging from several branches to more than 100 pounds at Michigan airports.

## Depressants

All indicators are relatively stable for depressants with the exception of carisoprodol (Soma), which is increasing in some indicator sources.

ED mentions of carisoprodol in southeast Michigan increased nonsignificantly from 146 in 2000, to 183 in 2001, and to 286 in 2002. Prior to this, there were 170 mentions in 1998 and 145 in 1999. Carisoprodol was identified in 20 Wayne County decedents in 2000, 30 in 2001, 24 in 2002, and 15 in the first 8 months of 2003. There were 21 cases of intentional carisoprodol abuse reported to the Detroit-area poison control center during the first 9 months of 2002, 24 cases in the first 10 months of 2003, and 18 cases statewide in the first 4 months of 2004.

The two Michigan Poison Control Centers reported 75 intentional benzodiazepine exposures statewide in the first 4 months of 2004, with 2 deaths resulting. Of these 75 exposures, 17 were for youths age 6 to 19.

## Hallucinogens

Lysergic acid diethylamide (LSD) continued to decline from already low levels in indicators.

Hospital ED mentions for hallucinogens have been declining overall since about 1995, but phencyclidine (PCP) mentions remained low and relatively steady (exhibit 1).

The Detroit Poison Control Center identified four cases in southeast Michigan involving “Foxy” in 2003, a hallucinogenic tryptamine (5-methoxy-N, N-diisopropyltryptamine, or 5-MeO-DIPT). All involved hospitalizations of young White males. In the first 4 months of 2004, two cases were reported that involved 2C-B (4-bromo-2,5-dimethoxyphenethylamine).

### Club Drugs

The club drugs category includes ecstasy, gamma hydroxybutyrate (GHB), flunitrazepam (Rohypnol), and ketamine. Indicators seem to be stabilizing for ecstasy and for ketamine and declining for GHB. The first appearance in indicator data to suggest that flunitrazepam is being used in Michigan was an ED mention in 2002.

The drug known as ecstasy is typically MDMA or MDA. Both drugs have been identified in past lab testing of ecstasy samples, sometimes in combination. There have been many anecdotal reports of widespread and increasing use since about 1997, but these drugs rarely appear in traditional indicators identifying abuse. Ecstasy users remain college students or young professionals, often in dance settings. Many urban and suburban areas outside Detroit continue to be noted as having significant ecstasy use. There are additional reports of some ecstasy use by high school students. Some sources report ecstasy has become more difficult to buy and that consequently some users have returned to marijuana use.

Southeast Michigan ED drug mentions first began to reflect MDMA use in 1998, with six mentions reported (exhibit 1). MDMA mentions totaled 40 in 1999, 60 in 2000, and 111 in 2001. In 2002, there were 108 MDMA ED mentions reported, a significant 80-percent increase from 2000.

The Children’s Hospital of Michigan Poison Control Center (Detroit area) received reports of 31 cases involving ecstasy misuse in the 10-month period between January and November 2003. This is about the same number of cases as reported in 2002. There were 26 cases statewide involving intentional abuse of ecstasy reported by both Michigan poison control centers in the first 4 months of 2004.

The Wayne County ME lab identified one MDMA/MDA death in 1998, two in 1999, three in

2000, and two in 2001. In 2002, there were 11 decedents with MDMA present; multiple drugs were found in all these cases. Most of the MDMA decedents in 2002 were homicide victims. Three MDMA/MDA ME cases were reported in 2003.

Since 1998, there have been several indicators of increasing ketamine use, although more recently some stability is reflected in available indicators. Breakins to veterinary clinics have continued (but these have been declining steadily as building security has been enhanced) in efforts to obtain this drug. The Children’s Hospital of Michigan Poison Control Center (Detroit area) was consulted on fewer than 10 cases of intentional ketamine abuse during the first 10 months of 2003. There were 11 ketamine-involved treatment admissions statewide in FY 2002 and 32 such cases in FY 2003. The only reports of ketamine in southeast Michigan ED mentions between 1995 and 2002 were 1 case in 2000 and 12 cases in 2001.

Abuse of GHB and its precursor gamma butyrolactone (GBL) began to be reported in about 1997, with the number of ED mentions and poison control case reports peaking in about 1999. Use had been primarily at nightclubs and private parties; recent use appears to be more confined to gay scenes. ED mentions of GHB totaled 45 in 1999, 22 in 2000, 31 in 2001, and 15 in 2002 (exhibit 1). The Children’s Hospital of Michigan Poison Control Center GHB case reports totaled 100 in 1999, about 35 in 2000, and about one-half that many in 2001. In 2002, however, there were only about 10 cases of intentional GHB abuse reported to the Detroit-area poison center. It is believed that GHB is no longer reported to this source, since only five cases were reported during the first 10 months of 2003 and two cases were reported statewide in the first 4 months of 2004. During FY 2002, there were 4 admissions to treatment in Michigan involving GHB as the primary drug and 12 total cases in which GHB was involved. In FY 2003, there were 4 admissions statewide with GHB as primary drug and 11 total cases in which it was involved.

### Other Drugs

Inhalants continue to be reported as commonly used, mostly by teens and young adults. Paint, furniture polish, and cleaning products were the most common inhalants, and males and females were equally likely to be inhalant users. During FY 2003, there were 115 treatment admissions statewide that involved inhalants, with more than 40 percent of these reporting inhalants as the primary drug of abuse.

The two Michigan Poison Control Centers reported five cases statewide of intentional exposure to nitrous

oxide in the first 4 months of 2004, four of these were for persons younger than 20.

Intentional abuse of Coricidin HBP cough and cold formula, the over-the-counter medicine, has been reflected in case reports to Children's Hospital of Michigan since 2000. These tablets contain dextromethorphan and chlorpheniramine. Multiple tablets are taken for a dissociative effect; use of up to 40 pills at a time has been reported. During 2000, 44 Coricidin HBP cases were reported to the poison control center, while in 2001, at least 60 cases involved this drug. Most cases were teens, and nearly two of every three cases were male. About two of every three cases required hospitalization. In 2002, about this same level of Coricidin abuse cases was reported to the Detroit-area poison control center. In the first 10 months of 2003, 63 cases of intentional Coricidin abuse were reported. Persons younger than 20 reported nearly all exposures, and cases were split evenly between males and females. In the first 4 months of 2004, the two Michigan Poison Control Centers reported a statewide total of 46 intentional use cases involving Coricidin.

Abuse of cough syrup (also containing dextromethorphan) continued to be noted, with shoplifting being a common way of obtaining the substance. The two poison control centers reported a statewide total of 96 instances of intentional abuse of dextromethorphan, with 64 of these exposures involving persons younger than 20.

#### INFECTIOUS DISEASES RELATED TO DRUG ABUSE

##### HIV/AIDS

Michigan continues to rank 17th among all States, with an AIDS case rate of 133.3 per 100,000 popu-

lation. As of April 1, 2004, a cumulative total of 13,415 cases of AIDS had been reported in Michigan.

Injection drug users (IDUs) continued to account for 29 percent of total AIDS cases; 22 percent have only this risk factor and 7 percent are IDUs who also have male-to-male sex as a risk factor.

Of the 8,727 male cases currently living with AIDS or HIV, 12 percent are IDUs and 7 percent are in the dual risk group.

Among the 2,564 females living with AIDS or HIV, 26 percent are IDUs, 43 percent were infected through heterosexual contact, and 27 percent have undetermined risk factors.

Statewide, HIV prevalence was most recently estimated at a maximum of 2,420 IDUs (a 16-percent decrease) and 830 IDUs who also engage in male-to-male sex (a 15-percent decrease). The total HIV prevalence estimate for Michigan increased by just under 5 percent to 16,200 cases.

##### Hepatitis C

Recent estimates for hepatitis C cases (much of which is spread by injection drug use) in Michigan show that prevalence in the general population is about 179,000 cases, with an estimated additional 18,000 cases among the 48,000 inmates in Michigan's prison system.

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**Exhibit 1. Estimated Numbers of ED Drug Mentions in a Seven-County Area in Southeast Michigan: 1994–2002**

Drug Mentions	1994	1995	1996	1997	1998	1999	2000	2001	2002
Alcohol-in-Combination	7,220	8,379	9,087	7,984	7,992	7,199	8,447	9,109	9,004
Cocaine	8,268	8,763	10,435	8,093	8,617	7,699	7,870	7,730	7,608
Heroin	2,160	2,390	3,188	3,028	2,879	2,653	3,328	3,870 <sup>1</sup>	3,881 <sup>1</sup>
PCP/PCP Combinations	26	56	21	19	20	24	21	38	30
LSD	99	143	57	74	27	63	...	15	---
Amphetamine	305	292	440	359	362	178	...	437	470
Methamphetamine/Speed	17	15	...	...	0	...	...	...	12
Marijuana/Hashish	2,955	3,875	4,210	3,742	4,335	4,100	4,344	5,017	6,104
GHB	...	0	...	...	11	45	22	31	15
Ketamine	-	0	0	...	...	...	1	12	0
MDMA (Ecstasy)	...	0	0	...	6	40	60	111	108
Rohypnol	-	0	0	0	0	0	0	0	1
Hydrocodone/Combinations	89	129	165	160	185	238	371	483	654
Drug Episodes	17,653	18,626	20,796	17,604	17,477	16,125	17,042	19,265	20,979
Total Drug Mentions	31,633	34,152	38,952	32,487	32,582	30,207	32,740	38,159	40,668
Total ED Visits (in 1,000s)	1,436	1,513	1,537	1,449	1,461	1,481	1,474	1,583	1,686
Drug Episodes (rate/100,000)	432	451	498	417	409	374	388	463	502
Drug Mentions (rate/100,000)	775	828	933	770	763	700	746	893	973

<sup>1</sup>Heroin excludes a small, but unknown, number of morphine/combinations mentions, which have been moved to the narcotic analgesics category during this time period.

<sup>2</sup>Dashes indicate that an estimate has been suppressed due to incomplete data.

<sup>3</sup>Dots (...) indicate that an estimate with a relative standard error greater than 50 percent has been suppressed.

SOURCE: Adapted from DAWN, OAS, SAMHSA



**Exhibit 2. Detroit/Wayne County Positive Drug Toxicology Cases Involving Heroin or Cocaine Independent of Cause of Death: 1995–February 2004**

Month		1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
January	Heroin	16	21	17	21	23	43	52	29	26	35
	Cocaine	31	36	29	32	21	39	50	25	25	22
February	Heroin	14	16	27	26	31	37	40	35	47	29
	Cocaine	23	29	33	27	20	27	36	28	38	24
March	Heroin	11	13	13	21	41	34	45	48	22	
	Cocaine	28	15	29	27	33	38	39	32	31	
April	Heroin	12	11	24	23	29	42	38	41	46	
	Cocaine	25	33	29	35	34	24	32	37	28	
May	Heroin	19	10	14	16	28	56	33	41	36	
	Cocaine	36	19	22	32	33	46	27	29	37	
June	Heroin	25	25	24	33	40	42	36	43	41	
	Cocaine	31	32	30	38	32	32	30	38	39	
July	Heroin	25	21	30	21	30	44	46	51	58	
	Cocaine	27	32	26	32	25	36	42	33	40	
August	Heroin	13	23	27	25	29	35	46	47	33	
	Cocaine	14	29	28	25	31	36	36	44	28	
September	Heroin	12	18	33	29	31	23	32	46	43	
	Cocaine	16	25	22	37	21	24	24	38	27	
October	Heroin	16	29	27	27	37	39	47	42	30	
	Cocaine	29	34	32	33	35	26	42	44	23	
November	Heroin	21	20	27	32	41	40	23	35	29	
	Cocaine	29	28	28	32	32	35	22	26	26	
December	Heroin	19	33	24	35	23	38	27	38	35	
	Cocaine	28	37	36	35	25	33	26	43	37	
<b>Total</b>	<b>Heroin</b>	<b>203</b>	<b>240</b>	<b>287</b>	<b>309</b>	<b>383</b>	<b>473</b>	<b>465</b>	<b>496</b>	<b>446</b>	
	<b>Cocaine</b>	<b>317</b>	<b>349</b>	<b>344</b>	<b>385</b>	<b>342</b>	<b>396</b>	<b>406</b>	<b>417</b>	<b>379</b>	

SOURCE: Wayne County Office of the Medical Examiner Laboratory